

# Student Immunization Form

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Student Number \_\_\_\_\_

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

FOR SCHOOL USE ONLY	
<input type="checkbox"/>	Complete; booster required in _____
<input type="checkbox"/>	In process; 8 mos. expires _____
<input type="checkbox"/>	Medical exemption for _____
<input type="checkbox"/>	Conscientious objection for _____
<input type="checkbox"/>	Parental/guardian consent _____

## Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

**School Personnel:** Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	DO NOT USE (✓) or (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
<b>Required:</b> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years						5th dose not required if 4th dose was given on or after the 4th birthday
Tetanus and Diphtheria (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above						
Tetanus, Diphtheria and Pertussis (Tdap) • for children in 7th - 12th grade						
Polio (IPV, OPV) • final dose on or after age 4 years					4th dose not required if 3rd dose was given on or after the 4th birthday	
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday						
Hepatitis B (hep B)						
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required						
Meningococcal (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years						
<b>Recommended</b>						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						
Influenza (annually for children 6 months and older)						

## Additional exemptions:

- Children 7 years of age and older: A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- Students in grades 7-12: A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- Students 11-15 years of age: A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- Students 18 years of age or older: Do not need polio vaccine.

Student Name \_\_\_\_\_

**Instructions, please complete:**

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

**1. Certify Immunization Status.** Complete A or B to indicate child's immunization status.

**A. Received all required immunizations:**

I certify that this student has received all immunizations required by law.

\_\_\_\_\_  
Signature of Parent / Guardian OR Physician / Public Clinic

\_\_\_\_\_ Date

**B. Will complete required immunizations within the next 8 months:**

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.

The dates on which the remaining doses are to be given are:

\_\_\_\_\_  
Signature of Physician / Public Clinic

\_\_\_\_\_ Date

**2. Exemptions to School Immunization Law.** Complete A and/or B to indicate type of exemption.

**A. Medical exemption:**

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see \* below). List exempted immunization(s):

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant

\_\_\_\_\_ Date

\*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in \_\_\_\_\_ (year)

\_\_\_\_\_  
Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)

**B. Conscientious exemption:**

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_ Date

Subscribed and sworn to before me this:

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of notary

**3. Parental/Guardian Consent to Share Immunization Information (optional):**

Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_ Date

# Are Your Kids Ready?

## Minnesota's Immunization Law

### Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years <sup>③</sup> For Kindergarten	Age: 7 through 11 years For 1 <sup>st</sup> through 6 <sup>th</sup> grade	Age: 12 years and older For 7 <sup>th</sup> through 12 <sup>th</sup> grade
Hepatitis A (Hep A) ✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓ <sup>⑦</sup>
DTaP/DT ✓✓✓✓	DTaP/DT ✓✓✓✓ <sup>④</sup>	✓✓✓tetanus and diphtheria containing doses <sup>⑥</sup>	✓Tdap <sup>⑧</sup> & at least 2 tetanus and diphtheria containing doses
Polio ✓✓✓	Polio ✓✓✓✓ <sup>⑤</sup>	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib			Meningococcal ✓ & booster <sup>⑨</sup>
Pneumococcal <sup>①</sup> ✓✓✓✓			
Varicella <sup>②</sup> ✓	Varicella <sup>②</sup> ✓✓	Varicella <sup>②</sup> ✓✓	Varicella <sup>②</sup> ✓✓

### Immunizations recommended but not required:

#### Influenza

Annually for all children age 6 months and older

#### Rotavirus For infants

#### Human papillomavirus At age 11-12 years

- ① Not required after 24 months.
- ② If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form confirming disease.
- ③ First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ④ Fifth shot of DTaP not needed if fourth shot was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if third shot was after age 4. Final dose of polio on or after age 4.
- ⑥ Need proof of at least three tetanus and diphtheria containing doses. If up to date on DTaP/DT series, no additional doses needed.
- ⑦ An alternate two-shot schedule of hepatitis B may also be used for kids age 11 through 15 years.
- ⑧ One dose of Tdap is required beginning at 7<sup>th</sup> grade. Also need proof of at least two tetanus and diphtheria containing doses (DTaP/DT/Td). If a child received Tdap prior to 7<sup>th</sup> grade, another dose of Tdap is not needed.
- ⑨ One dose is required beginning at 7<sup>th</sup> grade. The booster dose is usually given at 16 years.

### Exemptions

To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

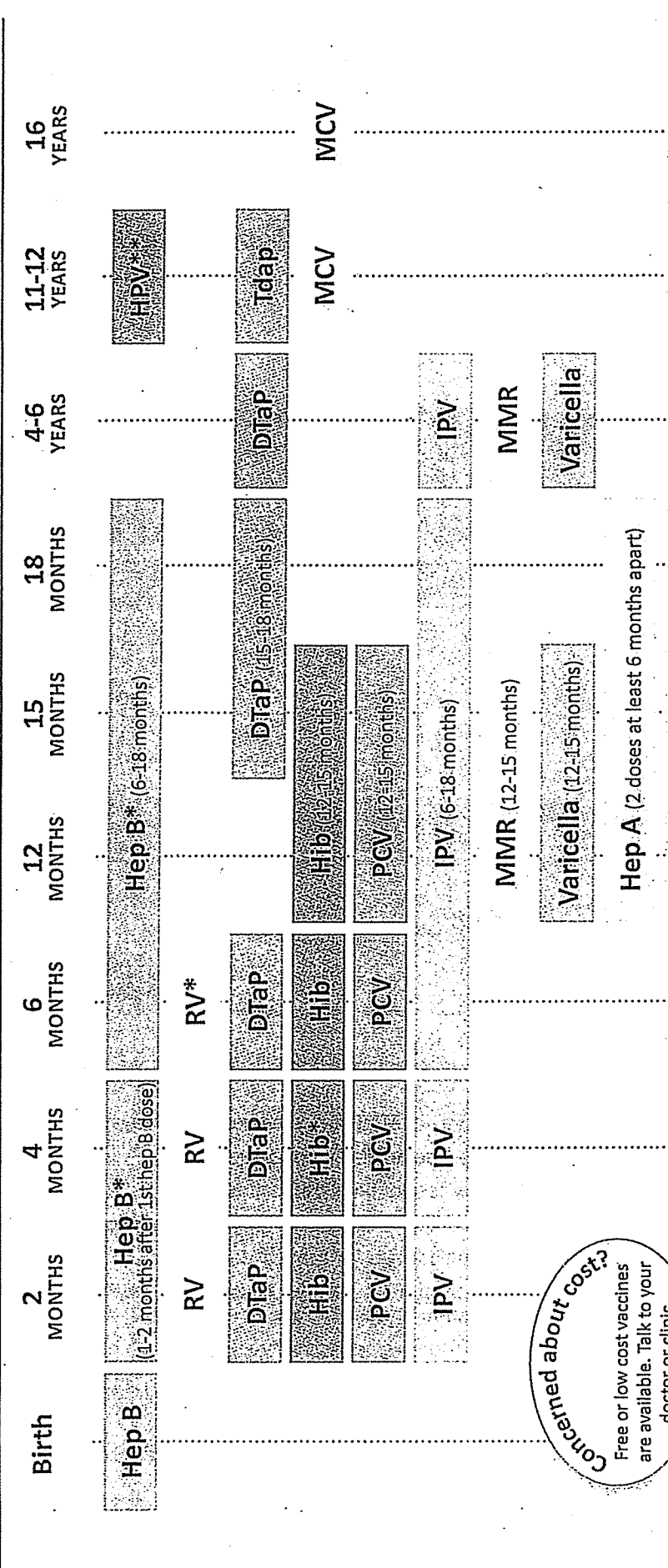
Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.

### Looking for Records?

For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

# When to Get Vaccines

## Birth to 16 Years



**Concerned about costs?**  
Free or low cost vaccines are available. Talk to your doctor or clinic.

.....  
It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.  
.....

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are conscientiously opposed to any or all of the vaccinations, a legal exemption is available.  
Children with certain medical conditions may need additional vaccines (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

Pregnant? Protect yourself and your baby from whooping cough, get a Tdap vaccination between 27 and 36 weeks gestation. Talk to your doctor.  
\*The number of doses depends on the product your doctor uses.  
\*\*Two doses for 9 to 14 year olds; three doses for 15 to 26 year olds.  
For copies of your child's immunization records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980.

Key to vaccine abbreviations

DTap/Tdap = diphtheria, pertussis, tetanus	Hib = Haemophilus influenzae type b
Hep B = hepatitis B	Hep A = hepatitis A
MMMR = measles, mumps, rubella	IPV = polio
	PCV = pneumococcal
	RV = rotavirus
	MCV = meningococcal

**m** DEPARTMENT OF HEALTH  
Immunization Program  
651-201-5503 or 1-800-657-3970  
www.health.state.mn.us/immunize

# Carruurtiina Diyaar Ma yihiin?

Sharciga Tallaalka Minnesota

## Shuruudaha Tallaalka

Isticmaal shaxdan hage ahaan si aad u go'aamiso tallaalka looga baahanyahay in la isqoro daryeelka cunuga, barnaamijyada carruurnimada hore, iyo dugsiga (dawladda ama gaarka ah).

Hel da'da cunuga/heerka fasalka oo fiiri si aad u ogaato haddii cunugaaga helay tirada tallaalka ka muuqata calaamadaha saxiixad ee ka hooseeya tallaalka walba. Jadwalka gadaasha wuxuu muujinayaa da'aha goorta marqaadashooyinka xilligoo taagan yahay.

Dhalashada illaa 4 sanno Barnaamijyada carruurnimada hore iyo Daryeelka carruurta	Da'da: 5 illaa 6 sanno <sup>③</sup> Ee Dugsiga barbaarinta	Da'da: 7 illaa 11 sanno Fasalka 1 <sup>aad</sup> illaa 6 <sup>aad</sup>	Da'da: 12 sanno iyo ka weyn Fasalka 7 <sup>aad</sup> illaa 12 <sup>aad</sup>
Cagaarshowga A (Hep A) ✓			
Cagaarshowga B (Hep B) ✓✓✓	Cagaarshowga B ✓✓✓	Cagaarshowga B ✓✓✓	Cagaarshowga B <sup>⑦</sup> ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT <sup>④</sup> ✓✓✓✓	✓✓✓ teetanada iyo gowracadatada ee wadata garoojooyinka <sup>⑥</sup>	✓ Tdap <sup>⑧</sup> & ugu yaraan 2 teetanada iyo gowracatada ee wadata garoojooyinka
Dabeyl ✓✓✓	Dabeyl <sup>⑤</sup> ✓✓✓✓	Dabeyl ✓✓✓	Dabeyl ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal <sup>⑨</sup> ✓ & xoojinta
Bakteeriyaaalka dhiiga <sup>①</sup> ✓✓✓✓			
Busbuska <sup>②</sup> ✓	Busbuska <sup>②</sup> ✓✓	Busbuska <sup>②</sup> ✓✓	Busbuska <sup>②</sup> ✓✓

Tallaalka lagu taliyey laakiin aan shardi ahayn:

### Hargabka

Sannadlaha oo dhammaan carruurta da'da 6 bilood iyo ka weyn.

Faayruska dhiiga  
Ee dhallaanka

Human papillomavirus  
Da'da 11-12 sanno

- ① Looma baahna kadib 24 bilood.
- ② Haddii cunugga uu mar hore ku dhacay cudurka busbuska, tallaalka busbuska looma baahno. Haddii cudurka uu dhacay kadib 2010, dhaqtarka cunuga waa inuu saxiixaa foom xaqiijinayo cudurka.
- ③ Ardayda fasalka koowaad oo 6 sano jir ah ama ka yar waa inay raacaan jadwalka dabeysha iyo DTaP/DT ee dugsiga barbaarinta.
- ④ Tallaalka shannaad ee DTaP looma baahno haddii durista afraad ay ahayd kadib 4 jirka. Marqaadashada ugu dambaysa ee DTaP ee 4 jir ama kadib.
- ⑤ Durista afraad ee dabeysha looma baahna haddii durista saddexaad ay ahayd kadib 4 jirka. Marqaadashada ugu dambaysa ee dabeysha ee 4 jir ama kadib.
- ⑥ U baahan caddayn ugu yaraan ay kujiraan marqaadashooyinka saddex teetano iyo gowracato. Haddii taxanaha tallaalka DTaP/DT u dhan yihiin, ma jiraan marqaadashooyin dheeraad ah oo loo baahan yahay.
- ⑦ Jadwalka labo duris oo kale ee cagaarshowga B ayaa sidoo kale loo isticmaali karaa carruurta da'dooda tahay 11 ilaa 15 jir.
- ⑧ Hal duris ee Tdap ayaa loo baahan yahay laga bilaabo fasalka 7aad. Sidoo kale u baahan caddaynta ugu yaraan ay kujiraan laba teetano iyo gowracatada (DTaP/DT/Td). Haddii cunug helay Tdap kahor fasalka 7aad, marqaadasho labaad ee Tdap looma baahna.
- ⑨ Hal marqaadasho ayaa loo baahan yahay laga bilaabo fasalka 7aad. Marqaadashada xoojinta waxaa sida caadiga ah lagu siiyaa 16 jirka.

## Ka reebidda

Si la isaga diiwaangeliyo daryeelka carruurta, barnaamijyada carruurnimada hore, iyo dugsiga Minnesota, carruurta waa inay muujiyaan inay qaateen tallaalkadan ama fayl garaystaan ka dhaafid sharci ah.

Waaladiinta waxay fayl garaysan karaan ka dhaafid caafimaad oo uu saxiixay bixiye daryeel caafimaad ama ka dhaafid aan caafimaad la xidhiidhin oo uu saxiixay waalidka/masuulka oo la sharciyeeyey.

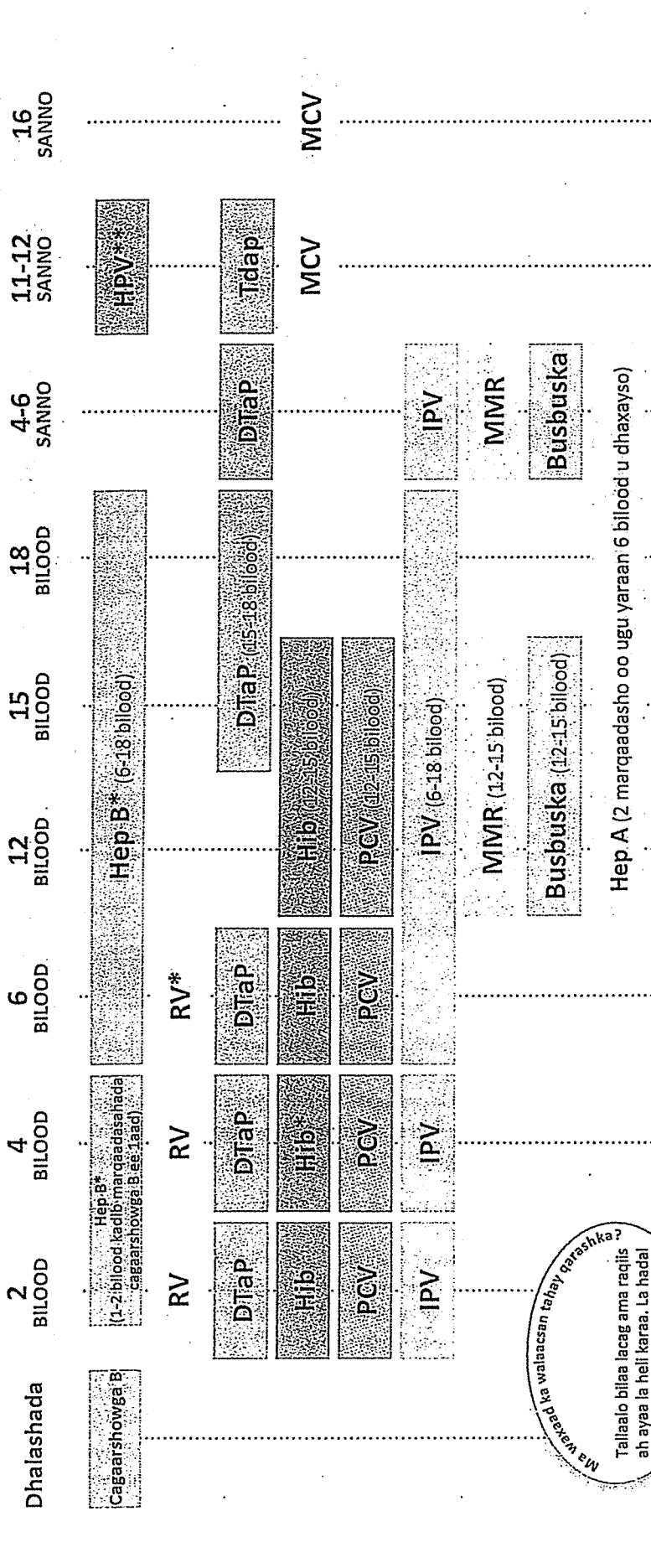
Miyaad raadinaysaa  
Diiwaanada?

Marka la eego nuqullada diiwaanada tallaalka cunugaaga, la hadal dhaqtarkaaga ama ka soo wac Xiriirka Macluumaadka Tallaalka Minnesota (Minnesota Immunization Information Connection, MIIC) 651-201-3980.

Waxda Caafimaadka Minnesota, Barnaamijka Tallaalka  
(Minnesota Department of Health, Immunization Program)

ID# 52799 (4/2017) - Somali

# Goortii la Qaadanayo Tallaalada Dhalashada illaa 16 sanno jirka



## Hargabka (deyr walba)

Uur ma leedahay? Ka illaali naftaada iyo cunugaaga xiiq-dheerta, hel tallaalka Tdap inta u dhaxaysa toddobaadka 27 iyo 36 uurkaaga. La hadal dhaqtarkaaga.

\*Tirada marqaadashooyinku waxay ku xiran yihiin waxyaabaha dhaqtarkaaga isticmaalo.

\*\*Laba marqaadasho 9 ilaa 14 jirrada; saddex marqaadasho 15 ilaa 26 jirrada.

Marka la eego nuqullada diiwaanada tallaalka cunugaaga, la hadal dhaqtarkaaga ama ka soo wac Xiriirka Maciuumaadka Tallaalka Minnesota (Minnesota Immunization Information Connection, MIIIC) 651-201-3980.

Fure u ah erayada la soo gaabiyay ee tallaalka

DTaP/Td/Tdap = gowracatada, xilidheerta, teetanada  
 Hib = Fayruska Harbagka nooca b  
 Hep B = cagaarshoowga B  
 Hep A = cagaarshoowga A  
 IPV = dabeyl  
 MMR = jadeeco, qaamo bararka, jadeecada jarmalka  
 PCV = bakteeriyaalika dhiiga  
 RV = fayruska dhiiga

Hib = Fayruska Harbagka nooca b	IPV = dabeyl	MCV = caabuqa bakteeriyaalika
Hep B = cagaarshoowga B	Hep A = cagaarshoowga A	RV = fayruska dhiiga
DTaP/Td/Tdap = gowracatada, xilidheerta, teetanada	MMR = jadeeco, qaamo bararka, jadeecada jarmalka	PCV = bakteeriyaalika dhiiga

Ma waard ka walaacsan tahay qarashka?

Tallaalo bilaa lacag ama raqiis ah ayaa la heli karaa. La hadal dhaqtarkaaga ama kaalinta caafimaadka.

Ad looga ma daahin! Haddii cunugaaga u kadiib dhacay tallaalladiisa, la hadal dhaqtarkaaga ama xarunta caafimaadka si aad u soo buuxiso.

Sharciga Minnesota wuxuu dhigayaa caddayn qoraal ah ee tallaalada qaar kood ee carruurta ku jirto daryeelka carruurta, barnaamijyada carruurnimada hore, iyo dugsiiga. Hase yeeshee, haddii cunug leeyahay sabab caafimaad ama haddii waaladintu ay si taxadar leh uga soo horjeedaan wax kamid ah ama dhammaan tallaalada, ka dhaafis sharci ah ayaa la heli karaa.

Carruurta qaba xaaladaha caafimaad qaar kood waxay u baahan karaan tallaalo dheeraad ah (tusaale ahaan, pneumococcal ama meningococcal). La hadal dhaqtarkaaga ama kaalinta caafimaadka.